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there. His father was not present. His matrilineal uncle has given the initial feast for him. The women of his own and neighbouring villages have all seen him, patted him, and rejoiced in his arrival. But all these are only the beginning of the rites for the newborn child. The next month is a busy one. Another feast must be held, and medicine and magic must be made to give him strength.

The mother divides her time between nursing him and tending her garden. The first week or two after birth the mother stays home with her child, lying most of the time in the dark house on the bamboo bed with the infant and nursing him whenever necessary. Two or three days after birth she feeds him a piece of baked taro which she has first chewed, and small quantities of this form part of the infant's diet from now on. The baby is not suckled at any regular time, but is given his mother's breast whenever he cries, or the mother thinks he is hungry. During these first few weeks of the infant's life his mother's work in the garden is done by her mother and mother's sister if they are not too old, or a grown-up daughter if she has one, or some other female clan relative. Babies may be born, live, or die, but work in the gardens must go on all the time.

After two weeks the mother of the infant resumes her work in the garden, nursing the child before she goes and immediately upon her return. She will often return earlier than the other women in order to nurse her child. The infant's maternal grandmother stays at home to look after him. When Lagina became pregnant all the women expressed sorrow because her mother was dead. Who would look after her child while she was working in the garden? They expressed this sorrow in the *Grimisi* dance, performed during the first pregnancy rites, by placing their hands on the head of the woman next to them. I was told later that Lagina's sister, Mana, recently divorced, who was living with Lagina, would look after the child. If the mother should be far away

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853 in the gardens and the baby cries for milk, the infant may
854 be suckled by another woman, if one with milk happens to be present. But this is not done normally, and usually only the mother nurses her child.

852 Within a few weeks after the birth a "doctor" is called to
789 make "medicine" which will make the newly-born infant
751 strong. In Lesu, the doctor for this kind of medicine was the elderly man Tsengali, and this is his medicine. He stands by the *purpura* tree and recites the following spell:—

Strong, strong, strong, strong.
Strong head,
Strong arm,
Strong breast,
Strong stomach,
Strong leg.

The spell contains the wish that each part of the infant's body mentioned become strong. As soon as he has finished his recitation Tsengali takes a small leaf from the tree, chews it, and spits the chewed leaf into a bigger leaf from the same tree, which he folds over it as a cup. Then he pours a little water over the chewed leaf and gives it to the infant to drink. This "medicine" is supposed to have a prophylactic value and prevent the infant from having sores and other ills, and in general to make him a strong child.
[853] There is some idea, which I was not able to understand very clearly, that the mother's milk may become contaminated by the food she eats, and make the infant ill. This "medicine" is supposed to remove any bad effect resulting from impurity in the mother's milk. In discussing this idea, one native who had worked on a white man's plantation told me that a white woman gives her child goat's milk, or tinned milk, to avoid contamination from her own milk. Tsengali is paid two or three strings of *tsera* (shell currency) every time he makes the "medicine."

853 Now that the proper medicine has been made, everyone

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is confident that the infant will be healthy, provided, of course, that he be well taken care of, and that his parents obey the necessary taboos. First, according to the native ideas, he must be adequately looked after. A mother who does not come and nurse her infant when he cries, if she is within hearing distance, is most unusual, and was never observed. The only reference to such an attitude was in folk-tales. There was one about a woman who left her baby on the beach while she went out on the reef to look for a certain kind of seaweed. The child cries out to his mother, "You come and give me milk." But the mother does not come. The infant cries out again, and this time the mother answers that she is busy getting seaweed and cannot come. A large black bird (*potot*) then flies down from a tree and kills the baby. The mother comes ashore and looks for her baby, and at first does not see him. Then she notices the bird running away, and at the same time finds her dead child. She weeps over the child. There is the usual mortuary feast.[1]

The young infant is an object of deep affection, not only to his mother, father, and sisters and brothers, but also to his grandmother, and to all the members of his clan and of the hamlet. It is only for the first few months that his maternal grandmother looks after him rather exclusively while the mother is away in the gardens. As soon as the child is able to toddle about a bit his care is divided among other members of the family. Most frequently it will be the father, and it is quite usual to see the father taking care of the baby while the mother is in the garden, or busy scraping taro. He will sit in the compound in front of the house, or on the beach, with the infant, playing with him, fondling and petting him. There is no differentiation on lines of sex in the display of affectionate tenderness towards the child. The father and

[1] The motif of this tale and the resulting moral occurred in only one other of the several hundred tales collected. In the other one the husband divorced his wife, who neglected her child.

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CARRYING THE BABY AND A LOAD FROM THE GARDEN

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MOTHER NURSING HER BABY

[Facing p. 71]

3: Chinnery G, E-5 (1929) 1931 OM10 New Ireland OM10

The record depends entirely on the information given me by mothers who named their children in the order in which they were born, and then described those who died by saying "died while still breast-feeding", or "died after having finished with breast-feeding". Others standing by refreshed the memory of a mother as to names of children and approximate age at death when she appeared uncertain. Relatively few mothers had to be assisted in this way, but in one or two villages the information is not to be relied upon.

On looking down this column one finds that deaths during lactation are more numerous in some villages than in others, e.g., seven villages on the lower road between Kandan and Karu average 33 per cent. of issue dying during lactation. It is in this vicinity that the high central range runs close to the coast, its slopes falling abruptly down to the water's edge where the villages are built usually on coral cliffs. The cold mountain winds and rains sweep through them day and night, producing a climatic condition of sudden changes from heat to cold, which must be exceedingly dangerous for people who live there practically in nakedness. The garden lands are scattered all over the place, mostly on the steep mountain sides, and garden work is probably more strenuous than it is in the districts nearer to Kavieng, especially for pregnant women, or women nursing children that have to be carried about by their mothers when working in their gardens or looking for shell fish in the sea. I saw infants being fed on solid foods, and it was quite a common thing to meet pregnant women or women with babies trudging up and down the mountain sides on their way to and from the gardens, with enormous bags of food, and infants sitting on top of the bags. On discussing with the men the question of women resting while pregnant, I was told that the women insist on doing their share of the work at this period for fear of being shamed by other women, especially the older ones, who laugh at them if they become more careful with pregnancy and talk in a superior way of what women did and endured in olden times. At the same time, my informant pointed out, a husband steps in and relieves his wife as much as possible of heavy work during the period of gestation and lactation. I was also told that men try to keep their wives out of the water during these periods by doing more shell-fishing themselves. This may be so in a few individual cases, but I am inclined to think that most of the women have to bear their burden alone, and, as the conditions of life are rather too strenuous at this end of the road for child-bearing women, the health of both the mother and the child suffers, with disastrous results to the child. This, to my mind, accounts for the low issue rate and heavy infant mortality rate in this group of villages. Being situated where they are, far from any plantation and over 100 miles from the Medical Officer at Kavieng, places them out of reach of the present medical service, which is not able to cope

3:Chinnery G, E-5 (1929)1931 OM10 New Ireland OM10

165 adequately with the problems arising from these conditions. The high infant mortality rate in places as favorably situated as Munuwai, Losuk, Nono, Laraibina, Lugagun, &c., however, is difficult to explain. Between Munuwai and Kavieng, the conditions of life for child-bearing women and for infants are not so difficult as those in villages lower down the road. In all the villages above-named, infants are [853] commonly fed on taro and other solid foods. Mission influence however is very strongly established in this part of the district, and, as the villages are within reach of the medical authorities at Kavieng, conditions should improve as time goes on.

OLD PEOPLE.

162 It is amazing to find on this road such a large number of extremely 145 old people. Nowhere else in the Territory have I noticed so many. The males numbered 604 and the females 815. Practically all of [302] them were grey-haired or bald, and in the lower end of the road many of the bald men wore neat wigs of human hair. Some of them are survivors of the old black-birding days, having worked on the cane-fields in Queensland. It is doubtful if many of these old people will survive another two years, a possibility that might be remembered when the death rates for the next few years are being tabulated.

WOMEN OF REPRODUCTIVE AGE.

162 Out of the women enumerated, I counted 1,779 who were definitely said by the elders to be the fertile women on whom the future population depended, until females at present under age of puberty could become married. The number of reproductive women is probably larger, but I could only estimate this figure, and in this was assisted by the old men.

ABORTION.

847 The tables disclose a large number of fruitless unions, 34 per cent. 842 of which are due apparently to sterility. Some of my informants told me that the women chew the leaves of plants and drink infusions from leaves, roots, &c., both to prevent conception and to procure abortion. It is not easy for a male observer to disentangle the mass of information offered on this subject, but, as Dr. (Miss) Powdermaker is now making an intensive study in the area with especial reference to women, valuable data may shortly be forthcoming. It is said there are also mechanical methods of procuring abortion. A peculiar aspect of the information regarding sterility is that women chew certain leaves when newly married, and become sterile, but, when later on they desire to have children, another species of plant is eaten to restore fertility. This could not be closely investigated, but my information has been passed on to Dr. Powdermaker, who may be successful in securing reliable information on the point.

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surreptitously. Divorce is moderately common and individuals may have a succession of mates.

During the period of pregnancy a women may have no sexual intercourse with her husband or anyone else. The man may, however, have sexual intercourse with a woman other than his wife. After the birth of the infant neither the mother nor her husband may have intercourse with each other, or with anyone else, during the period of lactation. For the women there is thus an abstention from sexual intercourse for a minimum of three years and for perhaps as much as four. This taboo, if kept, would cause a long interval of time between births. It is difficult to find out exactly how strictly it is kept. Like all taboos in primitive societies it is sometimes broken. But one cannot collect statistics on the subject because one only hears of the cases when the culprits are found out. After living in the society for almost a year, the writer is of the opinion that it is kept moderately strictly. There is a grave social stigma for those who break it and are found out, and their infant is supposed to become ill. One such case happened during the author's visit and was the cause of much gossip. It was known that the parents of a certain sickly infant had broken the taboo and the natives all pointed to their unhealthy infant as the result. It is more difficult to break this taboo and not be found out than it is for a member of our society to transgress our custom of monogamy and not be caught. In the primitive society under discussion there are several conditions which make secrecy difficult. First, the village is small, numbering only a couple of hundred, and everyone knows everyone else well. Secondly, practically all of the social life is carried on outdoors, and extra-marital intercourse generally takes place in the bush, which limits somewhat the privacy. Thirdly, these people, like all others, love to gossip and indulge in it to a great extent. It is therefore not easy to conceal a violation of this taboo. The social disgrace of being detected, and the belief that it will harm the child, are strong deterrents in a society motivated largely by social prestige.

There is no infanticide and, as far as I know, no physical means of abortion. There is, however, a leaf, or rather several leaves, chewed by the women and believed to cause sterility. There is another leaf which if chewed within two months after conception will make the embryo disappear, according to native belief. Specimens of both kinds

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of leaves were obtained, but the writer has not yet had the opportunity of having them identified. Sterile women seriously attribute their sterility to the use of these leaves, and natives swear by their efficacy. But so do they also swear by their ability to make it rain by magic.[8]

Women usually work in their gardens right up to the time of giving birth to the child. Occasionally they may slacken their labor a bit a month or so before the time of birth, but this is not the rule. They resume their work usually about two weeks after birth. The long period of lactation has already been mentioned. In addition to the mother's milk, the infant is fed on baked taro within a day or two after birth. The mother chews it first and then gives it to the infant. There are other practices and customs which indirectly have a bearing on the vital statistics, but in this paper only the obvious ones can be indicated.

Household Census

Before presenting the statistics, a household census for one village (Lesu) is given. The household corresponds roughly to the individual family and its usual occupants are husband and wife, female unmarried children and young male children. Should a man have two wives, each one will usually have her own home, but sometimes they share the same house, particularly if there is much discrepancy in their ages. Should a woman have two husbands, one of them will usually count the men's house as his home. The unmarried men and boys of from approximately ten years sleep in the men's house. But this does not prevent the young boys from eating with their family and being a part of the household as far as sharing its duties and pleasures. Married men, for various reasons, occasionally sleep in the men's house. The girls sleep at home until they are married, and there is no women's house corresponding to the men's house. An older relative (widow or widower), too feeble to live alone, may also be an occupant of the household.

The village of Lesu contained 66 households. There were 62 adult males and 63 adult females (all married), and 65 male children and 42 female children. Nine of the adult males and two of the females were

[8] Dr. Hrdlička investigated certain objects which Indians believed would cause artificial sterility. He found them ineffectual. Hrdlička, A., Physiological and Medical Observations among the Indians of Southwestern United States and Northern Mexico. Bureau of American Ethnology, Bulletin 34, p. 165.